

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 05/13/2011
FORM APPROVED
OMB NO. 0938-0391

454 6/25/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/11/2011
NAME OF PROVIDER OR SUPPLIER ERWIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An annual recertification survey and complaint investigation #27546, #27173, & #27355, were completed on May 11, 2011, at Erwin Health Care Center. No deficiencies were cited related to complaint investigation #27355. Deficiencies were cited related to complaint investigation #27546 and #27173 under 42 CFR PART 482, Requirements for Long Term Care Facilities.	F 000			
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment	F 164	Resident # 1- Privacy will be maintained at all times for resident # 1 when wound care is being provided. Personal privacy will be maintained for all residents in the facility when personal care or treatments are being administered by nursing personnel. Policies and Procedures relating to maintaining privacy for residents will be reviewed on 5/20/11 with revisions made if appropriate. An In-service will be completed by the DON on 5/23/11 for all nursing staff relating to the policy and procedure for maintaining privacy at all times for our residents. An In-service will be held on 5/26/11 for those who are unable to attend on 5/23/11. Audits will be completed by the Quality Assurance Nurse on five residents on a daily basis for the first two weeks beginning 5/23/11, then five residents will be reviewed weekly for four weeks and monthly thereafter. The audits will be reviewed by the QA Committee on a monthly basis. The Quality Assurance Committee members include the Administrator, Assistant -to the Administrator, Medical Director, Pharmacist, Registered Dietitian, MDS Coordinator, Rehab Director, Social Service Director, and QA Nurse. When areas of focus and trends are identified, action plans will be developed and follow up will be completed.		6/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	Continued From page 1 contract; or the resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain personal privacy for one resident (#1) of twenty-eight residents reviewed. The findings included: Resident #1 was admitted to the facility June 24, 2010, with diagnoses including Fractured Hip Repair, Schizophrenia, Dysphagia, Parkinson's Disease, and Glaucoma. Observation during wound care in the resident's room on May 10, 2011, at 10:00 a.m., revealed R.N. (Registered Nurse) #1 failed to close the resident's window blinds and exposed the resident to the outside courtyard. Interview with R.N. #1 on May 10, 2011, at 12:30 p.m., on the patio, confirmed the RN failed to provide privacy by closing the blinds in the resident's room during wound care.	F 164			
F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.	F 252	Toilet bowls in rooms 107, 109, 113, and 117 were cleaned with Scouring Sticks on 5/12/11 and 5/13/11 with positive results. The brown/black debris are no longer in the bowl All toilet bowls will be cleaned with Scouring Sticks on a consistent basis by environmental personnel when any stained debris is noted in the bowl. All toilet bowls are cleaned with comet and NABC on a daily basis.		6/20

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F 252	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide a clean environment in four of twenty-six resident bathrooms observed on the facility's secured unit. The findings included: Observation during the initial tour on May 9, 2011, at 9:55 a.m., revealed four bathrooms located in resident rooms #'s 107, 109, 113, and 117 had a build-up of brown debris inside the toilet bowls. Observation on May 10, 2011, at 7:45 a.m., revealed the toilet bowls were still soiled with the same brown debris. Interview with the Housekeeping Supervisor, on May 10, 2011, at 12:45 p.m., on the secure unit in resident room #'s 107, 109, 113, and 117, confirmed the toilet bowls remained soiled after the bathrooms were cleaned by housekeeping with a cleaning product that failed to remove the brown debris from the toilets.	F 252	Policies and procedures relating to cleaning toilet bowls will be reviewed on 5/20/11 and revised if appropriate. In-services will be completed for the Environmental Staff by the Director of Environmental Services on 5/23/11 relating to the appropriate policy and procedures for utilizing the Scouring Stick. An In-services will be completed on 5/26/11 for those who were unable to attend on 5/23/11. Audits will be completed on five rooms each week for the first four weeks beginning 5/23/11 and monthly thereafter. The Quality Assurance Nurse will complete these audits. The audits will determine if there is any build up of brown debris in the toilet bowls. The audit will be reviewed by the QA Committee on a monthly basis. The Quality Assurance Committee members include the Administrator, Assistant to the Administrator, Medical Director, Pharmacist, Registered Dietitian, MDS Coordinator, Rehab Director, Social Service Director, and QA Nurse. When areas of focus and trends are identified, action plans will be developed and follow up will be completed.		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to obtain x-ray results timely resulting in a delay of transfer to the hospital for	F 281	Resident # 28- Was discharged from this facility to a Facility closer to his family. All residents that have an X-Ray ordered by the physician will have the order carried out and the results sent back to the facility in timely manner. The physician will be notified and orders carried out as given. Policies and Procedures relating to the timeliness of X-Ray results being acquired by the facility will be reviewed and revised if appropriate on 5/20/11.	6/20	

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F 281	<p>Continued From page 3</p> <p>treatment of a fracture for one resident (#28) of twenty-eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #28 was admitted to the facility December 31, 2009, with diagnoses including Dementia with Behavior Disturbances and Cellulitis.</p> <p>Medical record review of the Minimum Data Set (MDS) revealed the resident had disorganized thinking, was unsteady, wheel chair dependent, and required assistance of one person with activities of daily living.</p> <p>Medical record review of a nurse's note dated November 20, 2010, at 4:00 a.m., revealed "...pt observed sitting in the floor on...buttocks in...room...Pt denies pain and has no problems with R.O.M. (range of motion)...(no) change in mental status..."</p> <p>Medical record review of the nurses' notes revealed no documented entries between November 20, 2011, and November 24, 2010, of any complaints of pain or bruising from the fall on November 20, 2011.</p> <p>Medical record review of a nurse's note dated November 24, 2010, at 5:00 a.m., revealed "...resident with s/sx (signs and symptoms) of pain in (R)(right) hip with ROM...Unable to bear weight... X-ray of (R) hip ordered..."</p> <p>Medical record review of Pain Assessment documentation on the Medication Administration Record (MAR) dated November 24 through</p>	F 281	<p>In-services will be completed on 5/23/11 for all RN's and LPN's. The in-service will be completed by the DON on the appropriated timeliness for x-rays to be completed. An In-service will be completed on 5/26/11 for those who were unable to attend on 5/23/11.</p> <p>Audits will be completed on a daily basis on all x-rays ordered in the facility. This audit will be completed by the Quality Assurance Nurse. The audit will be on going. The audits will begin on 5/23/11.</p> <p>The audit will be reviewed by the QA Committee on a monthly basis. The Quality Assurance Committee members include the Administrator, Assistant to the Administrator, Medical Director, Pharmacist, Registered Dietitian, MDS Coordinator, Rehab Director, Social Service Director, and QA Nurse. When areas of focus and trends are identified, action plans will be developed and follow up will be completed</p>		

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F 281	<p>Continued From page 4</p> <p>November 26, 2010, revealed no documentation the resident exhibited any signs or symptoms of pain.</p> <p>Medical record review of the a nurse's note dated November 27, 2010 at 6:00 a.m., revealed "...resident continued to c/o (complain of) pain @ (R) hip. Swelling and bruising remain on (R) thigh...contacted... (mobile imaging provider) to obtain results of (R) hip x-ray...technician gave verbal report of a (R) hip fx (fracture) results passed along to oncoming shift. MD (physician) notified...6:30 a.m...received v/o (verbal order) to send to ER (emergency room) for eval (evaluation) and tx (treatment). EMS (emergency medical services) contacted for transport..."</p> <p>Medical record review of the x-ray report dated November 24, 2010, at 11:11 a.m., revealed "...Findings: There is a deformity of the right hip...appearance suggests an impacted fracture...Evidence of an impacted fracture of the right femur is suggested. The age of the injury is difficult to ascertain." Continued medical record review of the x-ray report dated November 24, 2010, revealed the report was faxed to the facility on November 24, 2010.</p> <p>Interview with the DON (Director of Nursing) on May 11, 2011, at 8:45 a.m., confirmed the facility failed to provide followed up and obtain the the x-ray results on November 24, 2010, until November 27, 2011 when the resident complained of pain resulting in a delay of treatment and transfer to the hospital for the fracture of three days.</p> <p>C/O #27173</p>	F 281			

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F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to ensure mouth care was provided for one (#3) of twenty-eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on February 6, 2004, with diagnoses including History of Colon Cancer with Resection, Bipolar Disorder, Hypertension and Chronic Constipation.</p> <p>Medical record review of the MDS (Minimum Data Set) dated May 3, 2011, revealed the resident had short and long-term memory problems and severely impaired decision-making skills; was totally dependent on staff for ADLs (activities of daily living); and had a feeding tube.</p> <p>Medical record review of a physician's order dated October 8, 2009, revealed "...Jevity 1.5 per tube...60 cc (cubic centimeters) / hr (hour)..."</p> <p>Medical record review of the care plan updated February 8, 2011, revealed "...Requires total assist with ADL function...Assist with oral care at least twice qd (every day) and PRN (as</p>	F 312	<p>Resident # 3- Mouth Care was provided for resident # 3 on May 9, 2011 and daily thereafter</p> <p>All residents in the facility who require a tube feeding will receive mouth care on a daily basis.</p> <p>Policies and procedures related to administration of mouth care for tube fed residents will be reviewed on 5/20/11 with revisions made when appropriate.</p> <p>An In-service will be held on the importance of daily mouth care for the tube fed resident on 5/23/11. The In-service will be completed by the DON. An In-service will be held on 5/26/11 for those who were unable to attend on 5/23/2011</p> <p>An audit will be completed by the Quality Assurance Nurse on all residents in the facility that is tube fed. The audit will be completed daily for the first two weeks, weekly for the next four weeks, and monthly thereafter. The audit will begin on 5/23/2011</p> <p>The audit will be reviewed by the QA Committee on a monthly basis. The Quality Assurance Committee members include the Administrator, Assistant to the Administrator, Medical Director, Pharmacist, Registered Dietitian, MDS Coordinator, Rehab Director, Social Service Director, and QA Nurse. When areas of focus and trends are identified, action plans will be developed and follow up will be completed.</p>	6/20	

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F 312	Continued From page 6 needed)...Set up supplies and cue...to clean mouth/teeth at minimum of 2 x (times) daily..." Observation on May 9, 2011, at 12:30 p.m., revealed the resident in a geri-chair at the bedside. Continued observation revealed the mouth and lips were dry and the tongue was coated with a white substance. Interview on May 9, 2011, at 12:30 p.m., with the resident confirmed the mouth and lips were dry. Observation and interview on May 9, 2011, at 12:40 p.m., with LPN (Licensed Practical Nurse) #1 confirmed the mouth and lips were dry; the tongue was coated with a white substance and the resident was in need of mouth care.	F 312			
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident: The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425	Residents- All medications for residents # 4,5,8,9,10,11,12, and 26 are being administered by either a Registered Nurse or Licensed Practical Nurse. All residents in the facility will have medications administered by a Registered Nurse or a Licensed Practical Nurse. Policies and Procedures relation to hiring of nurses will be reviewed on 5/20/11 with revisions made if appropriate. All nurse's license will be reviewed by 5/26/11 by the DON to verify all nurses are currently licensed in the State of Tennessee. A nursing license report will be presented to the QA Committee on a monthly basis. The Quality Assurance Committee members include the Administrator, Assistant to the Administrator, Medical Director, Pharmacist, Registered Dietitian, MDS Coordinator, Rehab Director, Social Service Director, and QA Nurse. When areas of focus and trends are identified, action plans will be developed and follow up will be completed.		6/20

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F 425	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of facility narcotic records, facility policy review and interview, the facility failed to ensure medications were administered by licensed staff, in accordance with Tennessee State Regulations, for eight (#4, #5, #8, #9, #10, #11, #12, #26) of twenty-eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on May 28, 2010, with diagnoses including Dementia, Schizophrenia, Hypertension, Chronic Obstructive Pulmonary Disease, Osteoarthritis, Hypothyroidism, Hearing Loss, Pneumonia, Seizures and Anemia.</p> <p>Medical record review of the physician's recapitulation orders dated January 1-31, 2011, revealed "...Clonazepam 0.5 mg (milligrams) PO (by mouth) TID (three times a day)..." and "...Hydrocodone...5/500 PO BID (twice a day)..."</p> <p>Medical record review of the narcotic records revealed the following medications were administered by an unlicensed employee: two doses of Clonazepam 0.5 mg on January 13, one dose on January 19 and 20, two doses on January 27, and two doses on February 2, 2011, and Hydrocodone 5/500 mg-one dose on January 13, 20, 27, and February 2 and 3, 2011.</p> <p>Medical record of the MAR (Medication</p>	F 425			

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F 425	<p>Continued From page 8</p> <p>Administration Record) dated January 1-31, 2011, and February 1-28, 2011, revealed the unlicensed employee also administered the resident's regularly scheduled medications on January 13, 19, 20, and 27 and on February 2 and 3, 2011.</p> <p>Resident #5 was admitted to the facility on June 21, 2010, with diagnoses including Gastrointestinal Bleed, Osteoporosis, Breast Cancer, Insomnia, Hypertension, Gastritis, Depression, Chronic Obstructive Pulmonary Disease, Constipation, Anemia and Constipation.</p> <p>Medical record review of physician's recapitulation orders dated January 1-31, 2011, revealed, Morphine 45 mg PO every twelve hours and Oxycodone 7.5/325 mg every four hours as needed.</p> <p>Medical record review of the narcotic record revealed the following medication was administered by an unlicensed employee: one dose of Morphine 45 mg on January 13 and 27 and February 2 and 3, 2011; two doses of Oxycodone 7.5/325 mg on January 13; one dose of Oxycodone 7.5/325 mg on January 19, 20, 24 and 27 and February 2, 2011.</p> <p>Medical record of the MAR dated January 1-31, 2011, and February 1-28, 2011, revealed the unlicensed employee also administered the resident's regularly scheduled medications on January 13, 19, 20 and 27 and on February 2 and 3, 2011.</p> <p>Resident #8 was admitted to the facility on September 4, 2007, with diagnoses including</p>	F 425			

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F 425	<p>Continued From page 9</p> <p>Depression, Osteoarthritis, Suicidal, Urinary Tract Infection, Diabetes Mellitus, Morbid Obesity, and History of Deep Vein Thrombosis.</p> <p>Medical record review of the physician's recapitulation orders dated January 1-31, 2011, revealed, Lorazepam 0.5 mg every six hours as needed and Clonazepam 0.25 mg twice daily.</p> <p>Medical record review of the narcotic records revealed the following medication was administered by an unlicensed employee: one dose of Clonazepam 0.5 mg on January 19, 24 and 27 and one dose of Lorazepam 0.5 mg on January 19 and 24, 2011.</p> <p>Medical record of the MAR dated January 1-31, 2011, revealed the unlicensed employee also administered the resident's regularly scheduled medications on January 19, 24 and 27, 2011.</p> <p>Resident #9 was admitted to the facility on December 14, 2007, with diagnoses including Coronary Artery Disease, Congestive Heart Failure, Hypertension, Schizoaffective Disorder, Agitation, Major Depression, Anxiety, Diabetes Mellitus and Parkinson's Disease.</p> <p>Medical record review of the physician's recapitulation orders dated January 1-31, 2011, revealed, Hydrocodone 5/500 mg every four hours as needed and Alprazolam 0.5 mg every day.</p> <p>Medical record review of the narcotic record revealed the following medication was administered by an unlicensed employee: one dose of Alprazolam 0.5 mg on January 13 and</p>	F 425			

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F 425	<p>Continued From page 10</p> <p>24, and February 3, 2011, and one dose of Hydrocodone 5/500 mg on January 20, 2011.</p> <p>Medical record of the MAR dated January 1-31, 2011, and February 1-28, 2011, revealed the unlicensed employee also administered the resident's regularly scheduled medications on January 13, 20, 24 and on February 3, 2011.</p> <p>Resident #10 was admitted to the facility on March 15, 2010, with diagnoses including Gastroenteritis, Chronic Obstructive Pulmonary Disease, Anxiety, Depression, Hypertension, History of Colon Cancer, Colostomy, Spinal Stenosis and Chronic Back Pain.</p> <p>Medical record review of the physician's recapitulation orders dated January 1-31, 2011, revealed Lortab 5 mg every six hours as needed and Ativan (Lorazepam) 0.5 mg twice daily.</p> <p>Medical record review of the narcotic records revealed the following medication was administered by an unlicensed employee of the facility: two doses of Lortab 5 mg on January 13 and one dose on January 20 and 27, 2011, and one dose of Lorazepam 0.5 mg on January 13, 20 and 24, 2011.</p> <p>Medical record of the MAR dated January 1-31, 2011, revealed the unlicensed employee also administered the resident's regularly scheduled medications on January 13, 20, 24 and 27, 2011.</p> <p>Resident #11 was admitted to the facility on May 3, 2010, with diagnoses including Iron Deficiency Anemia, Hypertension, Arteriosclerotic Heart Disease, Syncope, Osteoarthritis, Osteopenia,</p>	F 425			

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F 425	<p>Continued From page 11</p> <p>Dementia, Gastrointestinal Reflux Disease, Anxiety, Chronic Arthralgia and Left Hip Fracture.</p> <p>Medical record review of the physician's recapitulation orders dated January 1-31, 2011, revealed Alprazolam (Xanax) 0.25 mg twice daily as needed, 0.5 mg at 8:00 a.m., and 0.25 mg daily (2:00 p.m.).</p> <p>Medical record review of the narcotic records revealed the following medication was administered by an unlicensed employee of the facility: one dose of Alprazolam 0.25 mg on January 19 and 20 and one dose of Alprazolam 0.5 mg on January 20 and 27, 2011.</p> <p>Medical record of the MAR dated January 1-31, 2011, revealed the unlicensed employee also administered the resident's regularly scheduled medications on January 19, 20, and 27, 2011.</p> <p>Resident #12 was admitted to the facility on July 1, 2008, with diagnoses including Aspiration Pneumonia, Acute Renal Failure, Pleural Effusion, Hypertension, History of Stroke, Gastrointestinal Reflux Disease, Diabetes Mellitus, Anemia, Depression, Anxiety, Dementia and Coronary Artery Disease.</p> <p>Medical record review of the physician's recapitulation orders dated January 1-31, 2011, revealed Hydrocodone 5 mg every six hours as needed and Alprazolam 0.5 mg three times a day.</p> <p>Medical record review of the narcotic records revealed the following medication was administered by an unlicensed employee of the</p>	F 425			

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F 425	<p>Continued From page 12</p> <p>facility: one dose of Hydrocodone 5 mg on January 24, 2011; one dose of Alprazolam 0.5 mg on January 13 and two doses of Alprazolam 0.5 mg on January 19, 20, 24, 27 and February 2 and 3, 2011.</p> <p>Medical record of the MAR dated January 1-31, 2011, and February 1-28, 2011, revealed the unlicensed employee also administered the resident's regularly scheduled medications on January 13, 19, 20, 24 and 27 and on February 2 and 3, 2011.</p> <p>Resident #26 was admitted to the facility on July 12, 2010, with diagnoses including Failure to Thrive, Gastrointestinal Reflux Disease, Coronary Artery Disease, Schizophrenia, Dementia, Chronic Obstructive Pulmonary Disease, Arteriosclerotic Cardiovascular Disease and Alzheimer's Disease.</p> <p>Medical record review of the physician's recapitulation orders dated January 1-31, 2011, revealed Lorazepam 0.5 mg twice daily.</p> <p>Medical record review of the narcotic records revealed the following medication was administered by an unlicensed employee of the facility: one dose Lorazepam 0.5 mg on January 24, 2011.</p> <p>Medical record of the MAR dated January 1-31, 2011, revealed the unlicensed employee also administered the resident's regularly scheduled medications on January 24, 2011.</p> <p>Review of the unlicensed employee's personnel file revealed the employee graduated from a</p>	F 425			

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F 425	<p>Continued From page 13</p> <p>Registered Nurse program in December 2010; was employed by the facility on January 7, 2011; and was not licensed as a nurse until February 10, 2011.</p> <p>Review of the facility's policy for Medication Administration revealed, "...2. Only personnel approved by the state regulations are assigned the responsibility for preparing, administering, and recording of medications, or permitted access to drug storage areas at each nursing station. 3. Only licensed personnel shall be permitted to pass medications..."</p> <p>Review of the facility's policy for controlled medications revealed, "...Controlled drugs in Schedules II, III, IV, and V are subject to special handling storage, disposal, and record keeping. Such drugs are to be accessible only to authorized licensed nursing and pharmacy personnel. The Director of Nursing and the Consultant Pharmacist are responsible for the control of such drugs..."</p> <p>Telephone interview on May 9, 2011, at 9:00 p.m., with the RN (Registered Nurse) who was unlicensed at the time the medications above were administered confirmed the RN graduated from the RN program in December 2010; was employed by the facility on January 7, 2011; and passed medications in the facility without a license until February 10, 2011. Continued interview with the RN confirmed the RN administered regularly scheduled and PRN (as needed) medications to the residents during the medication pass for the above dates.</p> <p>Medical record review of the narcotic records for</p>	F 425			

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F 425	Continued From page 14 resident #4, #5, #8, #9, #10, #11, #12, and #26 and interview on May 10, 2011, at 10:10 a.m., with the DON (Director of Nursing), in the conference room, confirmed the unlicensed employee graduated from an RN program in December 2010; was employed by the facility on January 7, 2011; and administered each of the medications as noted above for residents #4, #5, #8, #9, #10, #11, #12 and #26 and administered regularly scheduled medications to the residents during the medication passes for the above dates. Continued interview with the DON confirmed the employee was not licensed as an RN until February 10, 2011.	F 425			
F 431 SS=D	C/O #27546 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature	F 431	Resident # 26- when any narcotic medication or any portion of a narcotic medication is not administered to resident # 26, Two licensed nurses will sign the narcotic log when the narcotic is wasted. All residents who have any narcotic medication or any portion of a narcotic medication not administered and must be wasted will have two licensed nurses sign the narcotic log. Policies and Procedures relating to wasting narcotic medications will be reviewed on 5/20/11 with revisions made if appropriate. In In-service will be completed on 5/23/11 by the DON for all RN's and LPN's on the policy and procedure regarding the wasting of narcotic medications. An In-service will be held on 5/26/11 for those who were unable to attend on 5/23/11. An audit will be completed by the Quality Assurance Nurse on a minimum of five residents' narcotic sheets on a daily basis for the first two weeks beginning 5/23/11, then a minimum of five residents will be reviewed weekly for four weeks and monthly thereafter.		6/20

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F 431	<p>Continued From page 15</p> <p>controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review and interview, the facility failed to ensure two nurses witnessed the wasting of a controlled substance for one (#26) of twenty-eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #26 was admitted to the facility on July 12, 2010, with diagnoses including Failure to Thrive, Gastrointestinal Reflux Disease, Coronary Artery Disease, Schizophrenia, Dementia, Chronic Obstructive Pulmonary Disease, Arteriosclerotic Cardiovascular Disease and Alzheimer's Disease.</p> <p>Medical record review of the physician's recapitulation orders dated January 1-31, 2011, revealed Lorazepam 0.5 mg twice daily.</p> <p>Medical record review of the narcotic records</p>	F 431	<p>The audit will be reviewed by the QA Committee on a monthly basis. The Quality Assurance Committee members include the Administrator, Assistant to the Administrator, Medical Director, Pharmacist, Registered Dietitian, MDS Coordinator, Rehab Director, Social Service Director, and QA Nurse. When areas of focus and trends are identified, action plans will be developed and follow up will be completed.</p>		

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F 431	Continued From page 16 revealed Lorazepam (Schedule IV controlled medication) 0.5 mg was wasted on January 24 and 25, 2011. Continued review of the narcotic record revealed only the unlicensed employee signed for the wasted medication on January 24, 2011, and only one licensed nurse signed for the wasted medication on January 25, 2011. Review of the facility's policy for controlled medications revealed, "...If a dose is removed from the container for administration, but refused by the resident or not given for any reason, it is to be documented on the Narcotic Inventory Record on the line representing that dose by two (2) licensed nurses. Medical record review of the narcotic record and interview on May 10, 2011, at 10:10 a.m., with the Director of Nursing, in the conference room confirmed the facility's policy for two nurses to sign for wasted Schedule IV controlled medications was not followed.	F 431			
F 441 SS=D	C/O #27546 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441	Resident #1- resident # 1 has their dressing changed on 5/21/11 by the wound care nurse and appropriate procedure was followed. All residents who require wound care will have that care provided following appropriate infection control guidelines. Policies and procedures relation to wound care will be reviewed on 5/20/11 with revisions being made if appropriate. An In-service will be completed on 5/23/11 by the DON for all RN's and LPN's on the procedure for changing dressings. An In-service will be held on 5/26/11 for those who are unable to attend on 5/23/11.		6/20

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F 441	<p>Continued From page 17</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of facility policy, and interview, the facility failed to implement hand hygiene practices consistent with accepted standards of practice, to reduce the spread of infections and cross contamination for one resident (#1) of twenty-eight residents reviewed.</p> <p>The findings included:</p>	F 441	<p>Audits will be completed by the Quality Assurance Nurse. One dressing change by the wound care nurse will be observed each day for the first two weeks, then weekly for one month, then monthly thereafter. The audits will begin on 5/23/11.</p> <p>The audit will be reviewed by the QA Committee on a monthly basis. The Quality Assurance Committee members include the Administrator, Assistant to the Administrator, Medical Director, Pharmacist, Registered Dietitian, MDS Coordinator, Rehab Director, Social Service Director, and QA Nurse. When areas of focus and trends are identified, action plans will be developed and follow up will be completed.</p>		

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F 441	<p>Continued From page 17</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of facility policy, and interview, the facility failed to implement hand hygiene practices consistent with accepted standards of practice, to reduce the spread of infections and cross contamination for one resident (#1) of twenty-eight residents reviewed.</p> <p>The findings included:</p>	F 441	<p>Audits will be completed by the Quality Assurance Nurse. One dressing change by the wound care nurse will be observed each day for the first two weeks, then weekly for one month, then monthly thereafter. The audits will begin on 5/23/11.</p> <p>The audit will be reviewed by the QA Committee on a monthly basis. The Quality Assurance Committee members include the Administrator, Assistant to the Administrator, Medical Director, Pharmacist, Registered Dietitian, MDS Coordinator, Rehab Director, Social Service Director, and QA Nurse. When areas of focus and trends are identified, action plans will be developed and follow up will be completed.</p>		

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F 441	<p>Continued From page 18</p> <p>Resident #1 was admitted to the facility on June 24, 2010, with diagnoses including Fractured Hip Repair, Schizophrenia, Dysphagia, Parkinson's Disease, and Glaucoma.</p> <p>Observation during a dressing change on May 10, 2011, at 10:00 a.m., in the resident's room revealed the resident in bed with an open wound containing yellow exudate in the base, on the left hip. Continued observation revealed R.N. (Registered Nurse) #1 washed and gloved the hands, cleaned the wound with wound cleanser, applied the prescribed ointments and treatments with a gloved finger, and dressed the wound with clean dressings without changing the gloves and washing hands.</p> <p>Review of the facility policy "Gloves and Handwashing" revealed "...gloves should be changed after having contact with infected material (wound drainage)."</p> <p>Interview with R.N. #1 on May 10, 2011, at 12:30 p.m., on the patio, confirmed the hands were not washed and the gloves were not changed between the wound cleaning and the application of treatments and clean dressings.</p>	F 441			